



SEASONAL CHILD CARE PROGRAM
APPROVED CHILD CARE PLAN

PROVIDER NAME AND ADDRESS

AUTHORIZER INFORMATION

AGENCY

WORKER'S NAME

TELEPHONE NUMBER

DATE

SIGNATURE

PARENT INFORMATION

NAME

TELEPHONE NUMBER

PROVIDER INFORMATION

PROVIDER NUMBER

TELEPHONE NUMBER

PROVIDER: Please review this form carefully; only these services will be paid under this program. If the parent's work schedule calls for more child care than what is shown, the parent must contact the above authorizer for additional services.

Parents are responsible for payment of unauthorized services.

Providers are responsible for the collection of unauthorized services.

Payment will be authorized to the above provider. Check to see that your information is correct

| DAY | PARENT WORK SCHEDULE | PARENT WORK SCHEDULE | YES | NO | |
|-----------|----------------------|----------------------|--------------------------|--------------------------|------------------|
| Monday | | | <input type="checkbox"/> | <input type="checkbox"/> | Registration fee |
| Tuesday | | | <input type="checkbox"/> | <input type="checkbox"/> | Special Needs |
| Wednesday | | | <input type="checkbox"/> | <input type="checkbox"/> | Extended hour |
| Thursday | | | <input type="checkbox"/> | <input type="checkbox"/> | Weekend care |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE NUMBER

| CHILD'S NAME | DATE OF BIRTH | CHILD CARE SCHEDULE | TYPE OF CARE | | | | WEEKEND CARE | | PROVIDER'S RATE |
|--------------|---------------|---------------------|--------------|----------|-----------|----------|--------------|-----|-----------------|
| | | | FULL DAY | HALF DAY | EXT. HOUR | AGE CODE | SAT | SUN | |
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AGE CODES: I Infant (0-11 months); T Toddler (12-29 months); P Pre-school (30 months-five years); S School age (5-12years)
EXTENDED HOUR: Extended Hour Care must be pre-approved. Extended hours are allowed when care is needed more than 10 hours per day on an irregular "overtime" work schedule.

Child care services are authorized to begin on _____. Child care will continue as long as your employment continues and you qualify for all other reasons. Your child care will end on _____. You must contact the worker listed above if you need child care after that date. We need current employment information by _____ in order to continue this authorization. If you do not provide current information, we will end your child care early. Your monthly copayment is _____. The provider is responsible to collect this amount from you.